

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	GLUT-1 AS A RECEPTOR FOR HTLV ENVELOPES AND ITS USES
Attorney Docket Number::	0508-1149
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-LUC GEORGES LAURENT
Middle Name::
Family Name:: BATTINI
Name Suffix::
City of Residence:: MONTPELLIER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing VILLA JOSEPHINE, BATIMENT C
Address:: 161, RUE DU PIOCH DE BOUTONNET
City of Mailing Address:: MONTPELLIER
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-34090

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: NICOLAS GABRIEL ALBERT
Middle Name::
Family Name:: MANEL
Name Suffix::
City of Residence:: MONTPELLIER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 11, RUE ROBERT DESNOS
Address::
City of Mailing Address:: MONTPELLIER

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-34070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SOUTH KOREA
Status:: Full Capacity
Given Name:: FELIX JINHYUN
Middle Name::
Family Name:: KIM
Name Suffix::
City of Residence:: SAN DIEGO
State or Province of CALIFORNIA
Residence::
Country of Residence:: U.S.A.
Street of Mailing 11453 LARMIER CIRCLE
Address::
City of Mailing Address:: SAN DIEGO
State or Province of Mailing Address:: CALIFORNIA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 92131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: SANDRINA
Middle Name::
Family Name:: KINET
Name Suffix::
City of Residence:: MONTARNAUD
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing RUE DU CHATEAU

Address::

City of Mailing Address:: MONTARNAUD

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-34570

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: NAOMI

Middle Name::

Family Name:: TAYLOR

Name Suffix::

City of Residence:: MONTPELLIER

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 17, RUE DE LOUVAIN

Address::

City of Mailing Address:: MONTPELLIER

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-34000

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MARC

Middle Name::

Family Name:: SITBON

Name Suffix::

City of Residence:: MONTPELLIER

State or Province of

Residence::

Country of Residence:: FRANCE
 Street of Mailing 17, RUE DE LOUVAIN
 Address::
 City of Mailing Address:: MONTPELLIER
 State or Province of Mailing Address::
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-34000

Correspondence Information

Correspondence Customer 00466
 Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP04/04624	4/30/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03291067.1	5/2/03	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::